the dental assistant

JOURNAL OF
THE AMERICAN
DENTAL ASSISTANTS
ASSOCIATION

JANUARY • FEBRUARY • 1961

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Staff

In This Issue

the dental assistant

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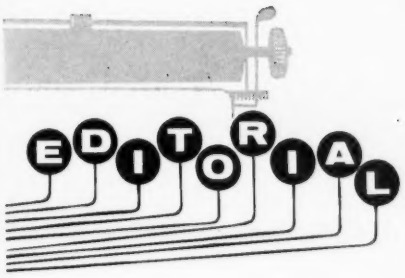
JANUARY-FEBRUARY 1961



The Public Beware

Myra J. Petrie, C.D.A.

It is generally recognized that there is a shortage of dentists today. All studies indicate that there will be a critical shortage of dentists for tomorrow. An important question arises: What will this shortage of dentists create in the way of critical health needs? Will it mean that there will not be a sufficient number of dentists to extract teeth, to make artificial dentures, to treat serious periodontol problems? Will this be the critical need? The dental profession is faced with a serious decision. Is it going to passively accept the responsibility for treating the rehabilitative dental conditions that are due to neglect or is it going to place, through public education, the responsibility upon the people themselves?

The incidence of dental caries has been correlated to a high intake of refined sugars for many years. This scientific fact has been ignored by our people and more tragically by our health educators at elementary and secondary school levels and also by college and university levels. Very few campuses in this progressive country of ours are void of candy machines. This is stark evidence of either ignorance on the part of people responsible for the health needs of our young people or a total disregard for such needs.

The problem of dental diseases and conditions can stand on its own preventive merits but for the sake of communication they may be likened to the recent United States Public Health warnings relating the incidence of cancer to the use of cigarette smoking. At one time the smoking of cigarettes was a habit indulged in by only the most precocious male and certainly was not an activity indulged in more polite society. Within a period of time, however, the use of cigarettes has not only been condoned by both male and female but current advertisements make it smart for young college girls to be cigarette smokers.

The shock that the public has recently been subjected to in this regard is a shame on our total progressive nation. Are we so gullible that the dental problems that are a scourge on our populations are in no measure a lesser item? The public beware. Let us see fit to vigorously teach our people the facts. Let us not sit back and count how many dentists will be needed for how many people. Let us instead teach our people what constitutes good dental health. Let us not be passive when commercial interests raise their voices of protest when their selfish interests are challenged.

Programs for increasing the number of dental schools throughout the country are currently being contemplated. This is a need that must be faced but our conscience must guide us toward the realization that this will not be the final answer. Public education to dental problems and methods of prevention and early interception can be our only reconciliation. It would seem that dentistry could further consolidate its position as a true profession by stimulating its activity of publicizing dental problem prevention and the ultimate goal of reducing the great and ever increasing need for its repairative and rehabilitative services.

What About the Assistant?

Irma Owens*

We are constantly hearing lectures and reading in books about the importance of the attractive, up-to-date dental office and the psychological effect it has upon the patients who come there for dental services.

We know that it is important that the operating rooms be spotlessly clean, the equipment modern and shiny, and the floors thoroughly clean and waxed. We know that the reception room must be furnished in good taste, that the pictures be just right, and the lighting harmonize — that the reading matter in the reception room be current and neatly arranged — and on all these points we agree.

But we would like to go a step further and consider an animated "fixture" that is perhaps of the utmost importance to every modern dental office today. Yes, the Dental Assistant. What about her appearance? She need not necessarily be the "latest model" or the most modern or glamorous. But neither should she have the appearance of a distressed "antique" in the midst of a modern setting. Above all she must not be careless in her grooming. It is important that she appear just as spotlessly clean and well cared for as the reception room and the operatory furnishings and equipment.

Here are a few questions to help the assistant take a critical look at herself and, if need be, use as a guide in a self-improvement program.

Have I had a physical examination within the last year?

Have I had a dental examination within the last six months?

Do I bathe and use a good deodorant daily?

Is a clean uniform, of modest fashion, a must daily?

Are my shoes (neat and chosen for comfort) kept spotlessly white?

Do I wear white hose (without runs)?

Is my hair neatly and becomingly styled, clean and well kept?

Are my hands well cared for — fingernails clean and medium in length (no bright polish)?

Is my make-up attractive, but not overdone?

Do I wear a smile on my face most of the time?

Take a few minutes to ask yourself these questions, and if your answer is "no" to more than a couple of them. it's time to get busy and improve your appearance and grooming in order to "fit into place" in the modern, attractive office of which you are an important part.

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* *Contributing Editor*

The Changing Status of the Dental Assistant*

Robert I. Kaplan, D.D.S. * *

I should like to discuss briefly of the importance of the dental assistant of yesterday and today. Your skills and abilities have been valued by dentists since the earliest days of the profession. In fact, we must go back into antiquity to find their origin.

I have no doubt that the first man who used a crude instrument to knock out an aching tooth for a fellow tribesman had at his side a woman who handed him his stone axe, ministered to the patient, and recited the proper incantations. It might interest you to know that this type of dentistry is still practiced in some parts of the world.

Anthropologists have told us that primitive man had to contend with toothaches, dental decay and the same malformations and irregularities as the present generation. Consequently it appears that there has always been the need for someone who would be able to give care to the teeth of his fellows. By the very nature of his labors, the early dentist required assistance, if only to restrain the patient while the operation was in progress. Later, when restorative, prosthetic and surgical procedures were practiced by the Egyptians, Phoenicians, Etruscans, Greeks and Romans it is entirely possible that the development of dental art necessitated some assistance in its execution.

(The Romans, by the way, had some interesting ideas about dental health. They believed that there was a way to avoid having toothaches. One had only to eat a mouse every two months. It is doubtful that this method ever became very popular.)

The craft of the tooth worker took many centuries to develop. In the middle ages occurred what has sometimes been called the "charlatan" age of dentistry. Although there were some men who made definite contributions to dental knowledge, dentists by and large were also barbers, barber-surgeons and blacksmiths, performing many other services in addition to the extraction of teeth.

An interesting 16th century picture in a book on the history of dentistry shows an itinerant dentist plying his trade. Dressed in a long fur-trimmed robe, wearing a cap decorated with extracted teeth, he stands beside a table of instruments and ointments and examines the teeth of the patient. Nearby stands a young woman, appar-

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* *Presented at the capping ceremony of the Southern Dental Assistants Association of New Jersey, September 28, 1960.*

** *Editor of the JOURNAL OF THE NEW JERSEY STATE DENTAL SOCIETY.*

ently the dentist's helper, who is shown with her hand in the patient's purse. Obviously, the services of this medieval dental assistant were somewhat different from those practiced at present. Today's approach to the subject of fees is perhaps less direct.

Some of the wood cuts and illustrations of dental operations through the 17th and 18th centuries show women in attendance. Their duties, however, must have been more menial than professional.

From the time of Pierre Fauchard, a French dentist who wrote the first authoritative text book on dentistry in 1728, the profession began to be elevated from its lowly antecedents. The first dental college in the United States was established in Baltimore in 1840. From that day to the present, progress has been steadily upward.

At about the end of the 19th century there practiced in New Orleans a Doctor C. Edmund Kells. He had a large practice, consisting of the best families in the city and surrounding country. Dr. Kells was a fine dentist and a real leader. His office was well organized and conducted on a business-like basis. It was his custom to make a charge for broken appointments in an era when such a thing was unheard of. He also wrote one of the first texts on practice administration. This was called "The Dentist's Own Book" and appeared toward the end of Dr. Kells' long and successful career.

Among other things, he gives full recognition to the importance of the dental assistant. In reading his book, one gains the impression that he was a kindly person, but stern and demanding in the standards of efficiency he required of his employees. For example, he states, "When the assistant makes mistakes, she must expect to be taken to task for it, and must accept this in good grace. Never must she answer back. Here's where her good disposition comes in, because at times she will be criticized when she really is not to blame. At least that happens in my office, and I am sure it must also happen in every other office.

"The assistant should never be harshly corrected or reprimanded in the presence of a patient, and for two reasons. One, it may be mortifying to her, and two, it reflects upon the dentist himself. At the time, he should be satisfied with giving her a 'withering look', and then after the patient has gone is time enough to 'light in upon her.' "

Dr. Kells made it a point never to employ a pretty girl as an assistant. It was his opinion that beauty in a working girl was a liability instead of an asset. In interviewing applicants he stated, "All who are dressed in the latest outlandish style, and possibly chewing gum during the conversation, and those whose painted cheeks and reddened lips stand out in the limelight are immediately passed up and not a moment is wasted upon them.

"Some candidates, who otherwise appear most favorable, spoil their chances the moment they open their mouths. Anterior gold crowns, disfigured teeth or the loss of conspicuous teeth should immediately disqualify any candidate for a position as an assistant."

How times have changed! I am sure that dentists today would agree that although sound teeth and a pleasant smile are still assets to a dental assistant, good looks cannot be considered a handicap.

I should like to relate some of Dr. Kells' ideas about caps. He wrote, "It should be a real cap which covers the head pretty well and gathers in as much of the hair as possible, and not one of those little butterfly affairs which sits on the top of the head and, while it may add to the appearance of the wearer, allows the hair to flop out in all directions and really accomplishes nothing. The hair should be pretty well covered; the more it is covered, the better."

So he had some caps specially made, that came down over the forehead to the eyebrows and to the ears on either side. They resembled the headgear of an Arab, and were not very attractive, but no doubt fulfilled the purpose for which they were intended. What his assistants thought of them was not recorded.

During his nearly fifty years of practice, Dr. Kells trained his own assistants. As you know, this practice has been generally followed by most dentists. We now have

many schools and training courses that are doing a creditable job in this field — vocational schools, university extension courses, correspondence courses, and training sponsored by the American Dental Assistants Association which leads to certification, such as the course of study you young ladies have now completed.

This is all to the good, for never before in dental history have trained assistants been needed as much as they are at present. This fact was brought out in some detail at the Workshop on Dental Auxiliary Personnel conducted by the American Academy of Dental Practice Administration in Chicago in 1958. The statement was made that one of the biggest problems confronting dentistry now, and in the foreseeable future, is the necessity for providing more dental care for more people. It appears remote to hope that pure dental manpower can be increased sufficiently to care for the increased burden, even with new and enlarged dental schools. As the population of our country has gone up, the ratio of dentists to patients has progressively decreased. And as people have been educated to the need for routine dental care, the demand has continued to grow. It thus becomes necessary for an investigation of the value of dental auxiliary personnel to aid the dentist in performing an increased amount of dental service for the public.

Miss G. Archanna Morrison, an expert in the field of dental practice administration, puts it this way, "The estimated population of our country in 1965 will be 193 million people. It is obvious that dentists must be staffed with capable auxiliary personnel if that population is to receive any semblance of adequate dental care, and if dentists are to live long and healthy years.

The need for trained and ingenious assistants, every one with her gifts at their fullest development, has increased in direct proportion to the ingenuity and complexity of dental techniques and problems and to the increasing demand of the public for thorough dentistry. *It has placed an emphasis on training.*"

The American Dental Assistants Association has done a commendable job in this direction. Founded in 1925, this organization issued its first curriculum guide in 1931. The Committee on Education of the ADAA has worked conscientiously and vigorously since that time to prepare guides and standards that would lead the way to effective educational programs for the dental assistant. Much has been accomplished through study, effort, and sacrifices on the part of many of its membership, and the cooperation of some of the dental profession. Courses of instruction such as yours, it has been pointed out, help relieve dentists of on-the-job training, the teaching responsibility that so few seem to like, and even fewer are capable of administering.

Dental schools are entering the picture by providing in their curricula training for the dental student in the utilization of an assistant. This teaches him how to be an employer and exposes him to the benefits to be gained from having another pair of hands (and feet too, if you will) at his disposal.

In this day and age, when one person is frequently expected to combine the functions of secretary, receptionist, business manager, record keeper, chairside assistant, laboratory assistant, supply sergeant, diplomat, and chief cook and bottle washer, it is sometimes a wonder that anyone wants to be a dental assistant at all. The work is certainly not easy. As a matter of fact, it is sometimes downright unpleasant. Nevertheless, here we have a group of dedicated young women, and your counterpart is found all over this land, who are so imbued with the spirit of service, and who so desire to improve yourselves that you accept all this willingly, even graciously. Regarding it as a challenge rather than a task, you bear before you a symbolic banner that carries the words "Education, Efficiency, Loyalty, Service," the motto of the American Dental Assistants Association. I am sure that even the late Doctor Kells would have been proud of you, even as we are.

3038 Federal Street
Camden 5, New Jersey

Human Relations

Premenstrual Tension

Lyon P. Strean, Ph.D., D.D.S.*

Many females, for seven to ten days prior to menstruation, suffer from a variety of discomforts which have been described as premenstrual tension. The actual cause of this condition is unknown; however, physiological, metabolic, and psychic disturbances seem to play a significant role as precipitating factors. The list of symptoms in the order of their frequency is as follows:

1. Nervous and emotional instability
2. Gain in weight or edema
3. Headaches
4. Painful swelling of breasts
5. Abdominal bloating
6. Low abdominal pain
7. Generalized aches and pains
8. Craving for sweets
9. Weakness or faintness
10. Tremor of fingers (shakes)
11. Increased appetite
12. Nausea or vomiting
13. Acne

Various surveys suggest that at least 50% of menstruating women have significant symptoms which have some bearing on their efficiency or on their agreeable effect on people. This effect may enter into the domestic realm.

Premenstrual tension is a general social problem, particularly in respect to interpersonal relationships. It affects efficiency in the home, in the office, in the factory, and in diverse endeavors. It is one of the more important causes of absenteeism with the consequent loss of wages.

In several excellent studies in psychiatric and in penal institutions, the findings indicated that a large majority of episodes of violence and of criminal acts, committed by women, occurred during the premenstrual period. In a recent study in the United States, it was noted that 62% of 58 crimes of violence for which women were incarcerated had been committed in the immediate premenstrual period, and 17% more had been committed during menstruation. In other study, it was observed that most motor vehicle mishaps of women drivers occurred during the premenstrual period. These observations raise a very important question, that is, should the judiciary make specific inquiries regarding contributing causes.

Exacerbations of mental disturbances have been noted to occur in psychiatric institutions during the premenstrual phase, especially in schizophrenics. An old Parisian prefect of police is reported stating that 84% of crimes of violence in Paris were committed by women during the menses and in the week before. Heightened sexual urge also occurs in the premenstrual period. The attendant emotional

* *Consultant to Norristown State Hospital, Norristown, Penna.; Montgomery Hospital, Norristown, Penna.; Pennhurst State School, Spring City, Penna.*

conflicts may precipitate an intolerable situation which cannot be resolved. It is ironical that in this period when the sex drive is greatest, the wife has passed the time of conception. This often leads to erroneous conclusions regarding fertility.

While the symptoms of premenstrual tension are disturbing and, at times, alarming it is fortunate that modern medical science has developed measures which can control many of these symptoms. Water retention with an attendant rise in blood pressure seem to play a significant role with respect to cause and effect. Recently, two drugs were developed, and these are known as saluretic agents, that is, they control the excretion of water and salts.

One tablet of either drug, taken each morning for five to ten days prior to menstruation will control the symptoms of premenstrual tension with highly encouraging results. There is nothing more rewarding than the enthusiastic reports received from office girls whose personality has improved tremendously because of the absence of premenstrual tension, abdominal bloating and acne, and the freedom from aches, pains, and nausea.

The belief that premenstrual tension is one of those curses which must be suffered in silence is false. Safe and effective treatment is now available to the majority of girls and women who suffer from this syndrome. Treatment with one of these drugs alone, or with the addition of other medications, such as aspirin, mild tranquilizers, or other drugs, as indicated by the symptoms or the sufferer's response, provides simple and successful therapy in the majority of patients. There is need for a broad consistent educational program to inform women that they can have relief from the unpleasant and even disabling symptoms of premenstrual tension.

With particular reference to the dental assistant, the implications are obvious. She has an obligation to her employer, his patients, her family and to herself. With judicious use of effective therapeutic agents, an environment full of tension may be converted to pleasant calmness.

813 Renel Road
Norristown, Penna.

"Your Profession Is Showing"

Phyllis Weaver

The Dental Profession and its allied groups may number its members in thousands, but the average person usually forms an opinion of and judges the group, as a whole, through his contact with one individual.

If just one Dentist or one Assistant is rude, unkind, inefficient or tactless the whole Profession suffers from the bad impression created.

We must always remember that we are constantly in the public eye, both at work and during after-duty hours. It is our privilege to be a part of one of the finest of professions, and with that privilege goes the serious responsibility of always representing that profession in the best possible light.

Every member of a dental organization, which comes in contact with the public in any way is, in a sense, a representative of the profession. The impression he makes is an advertisement, either good or bad.

Have you sold Dentistry short through a careless word or deed? Watch yourselves, for *your Profession is always showing.*

214 East 12th St.
Anniston, Alabama

Empathy-A Lost Art?

Nina Slobey, C.D.A.

The dictionary defines the word "empathy" as "the projection of one's own personality into the personality of another in order to understand him better."

With all of the complexities of twentieth century living — with its hustle and bustle and tension filled hours, of which we constantly complain — there aren't a sufficient number in a day to accomplish all that we must. With all of the amazing strides of progress that have been made in the field of dentistry, are we overlooking the fact that the dental patient is not merely a nonentity whose teeth are being repaired, but a *personality* unto himself?

In spite of all the wonderful improvements we now offer the dental patient — high-speed handpieces, newer and better drugs, ad infinitum, — to many people dentistry is still considered a disagreeable experience.

Too often it is forgotten how strong an emotional appeal is inherent in dentistry. A cold clinical approach is not *sufficient!* Too often, in striving for an uninterrupted schedule and in our anxiety to "crowd" all that we can into our working hours, we neglect that "personal" touch. In the dental office we must cope with the fear, apprehension, apathy and doubts of the dental patient. In order to successfully combat these emotions and channel the patient's interest and desire toward attaining and maintaining the goal of optimum dental health, *we must understand* the patient. In turn, we will help gain the patient's confidence and continued cooperation. It is true that dentistry is a complicated science to present to a layman, but with patience and empathy he can be made to understand the facts involved.

The dental assistant can and should be instrumental in establishing a bond between the patient and the practitioner whom she serves. She should extend to the patient all of the courtesies which make for good patient-dentist relationship. The good will and comfort of the patient must always be uppermost in her mind. The dental assistant should always be ready with a word of reassurance. She should lend a sympathetic ear to complaints and little problems, and she should extend moral support to the patient. This attitude on the part of both practitioner and the auxiliary personnel can do much on proving to the patient that visiting the dental office is most assuredly not the harrowing experience he may have anticipated it to be

By rendering our services with a warm, human approach, we will be rendering a wonderful service indeed.

10 Fiske Place
Mt. Vernon, New York

Office Management

Good Telephone Manners Need Constant Attention

Joe Fass

Good telephone manners and habits are easily acquired. However, without constant attention, it is easy to fall into bad habits again.

The first contact with a patient is usually by telephone. This first contact is extremely important since it creates an impression of the assistant, the office and the doctor in the patient's mind. Therefore, it is essential to handle the telephone correctly — it can be one of the most important practice builders, or just the opposite if handled incorrectly.

Good telephone manners are essential to the successful dental practice. Let's spend a few minutes going over some of the essentials of good telephone technique and manners.

Answer Promptly — No one likes to wait. Answer at the end of the first ring. By giving prompt attention to the caller, you get off to a good start.

If you are writing a receipt or arranging an appointment for a patient and the telephone rings, excuse yourself, answer the telephone and say, "Will you please hold the line for a moment, Mrs. Brown?"

Complete what you are doing with the patient at the desk as quickly as you can and return to the telephone, saying, "Thank you very much for waiting, Mrs. Brown. May I help you now?" Patients should be handled in their turn and the insistence of the telephone should not cause someone at the desk to wait.

Identify Your Office — The conversation cannot really begin until the caller knows he has reached the right place. You might answer:

"This is Dr. Smith's office."

If the patient says, "I'd like to speak to Dr. Smith," you could say, "Dr. Smith is with a patient. This is Miss Jones. May I take a message for him?"

Do not say "Who's calling please?" This question may make the patient feel that you screen all calls and if the patient is important enough he may talk to the doctor.

The fundamentals of good telephone technique are always worth repeating because they are so important in a successful dental practice:

a. Smile when answering the phone just as you would if meeting a friend face to face. This conveys a friendly tone over the phone, one of welcome.
b. Talk into the mouthpiece.
c. Keep voice low, but clear.
d. Be friendly, yet professional.
e. Determine exactly what the patient wants.
f. Always ask the new patient to spell his name. Get his telephone number as well as address and write them down.

Reflect Personality — The picture you create over the telephone is formed entirely by what you say and how you say it. Acquire a good telephone personality by thoughtful consideration of the following items:

a. Courtesy
b. Expressed sincere interest
c. Understanding of the other person's point of view
d. A desire to be helpful

Talk at an Appropriate Pace — A moderate rate of speech is more easily understood.

Tune the Voice — Variety and flexibility in the voice can help convey a mood and attitude. Variety and flexibility can be gained through pitch, inflection and emphasis.

End Calls Pleasantly — Leave a lasting favorable impression. Express regret or appreciation, as the case may be, and add "Goodbye," plus the person's name. Everybody likes to hear his name spoken, so use this little form of flattery.

Replace the receiver *after* the caller has hung up.

Now let's look into several of the more common telephone situations that face us:

Appointment Confirmation — Instead of saying, "I'm calling to remind you, etc.," try, "This is Miss Jones. I'm calling to confirm your appointment with Dr. Smith tomorrow at 10 a.m."

People do not care to be reminded even if they know they are forgetful.

Recall — At times, this can be an awkward situation, but for a smooth conversation, try this:

"Mrs. Brown, when you were in the office last time, you asked that we call you when it was time for your checkup. Dr. Smith can see you on Monday, the 10th, at 9 a.m., or on Wednesday, the 12th, at 2 p.m. Which is more convenient for you?"

Past Due Accounts — Silence about an account may mean several things — illness, loss of work, unhappiness with a service that has been rendered or forgetfulness. Most people intend to pay their accounts, so give the patient a chance to "sound off" on the first contact. The following conversation could be the last straw for a patient:

"Mrs. Brown, when do you intend to come in to pay something on your account?"

Instead, try this approach:

"Mrs. Brown, this is Dr. Smith's office. We are wondering why we haven't heard from you."

After you get her reason, a very tactful solution can be reached. Always leave the patient with a definite date and a "Thank you."

Avoid Calling the Doctor Unnecessarily — If the patient is insistent upon talking to the doctor, say, "I'll be glad to jot down your name and telephone number and Dr. Smith will call you as soon as he can." Dr. Smith can then call the patient at the end of the present appointment.

So, practice your telephone manners. The impression we make on the telephone is important. When meeting people face to face, a winning smile or warm personality may overcome faults, but over the phone, your voice and your voice alone is you.

303 East Wilson Street
Madison, Wisconsin

"I Heard From My Dentist The Other Day"

Larry Moriarity

Part II — Continued from November Issue

All kinds of situations demand correspondence from the successful dental office, but none is perhaps more touchy than the note (emphasis again on note, not letter) regarding collection of an account. Thousands of words — millions may be closer to reality — have been written by all types of people to all kinds of clients to collect all sorts of bills.

Somehow, such a procedure from a professional office seems doubly disdainful. But it is a necessary procedure. Again, in the writer's opinion, it can be an effective, pleasant procedure if you write what you are expected — not to write.

A third party in the collection of past due accounts seems desirable. Non-payment of a statement indicates lack of understanding, lack of prior agreement, lack of appreciation for services rendered, lack of good contact between the professional man and his client. A direct contact between the two may be distasteful and certainly may not improve office relations. A bill may be paid, but a patient lost! And that one patient, unfairly, can influence scores of others.

The third party could be a collection agency but with the same results, undoubtedly, as the professional man—client contact.

Why not unexpected correspondence as the third party? I suggest a letter in this vein:

Dear Mrs. Longfellow,

I've made a bet, and I'll bet again I won't lose. I've bet that you will settle your account now or tell us why you don't feel you should, or can.

Why not call me, and we'll talk it over?

Sincerely,

Dorothy Bright
Assistant to Dr. Moran

Perhaps up to this point, you may have agreed that this start on correspondence

is worthwhile, that it merits your consideration, that you sure would like to do it — *If you had the time.* You do.

Maybe that will shock you, annoy you, discourage you from reading further. I hope not, for let's put this matter to a practical test. Write the letter right now that we used at the beginning of this article. Start timing yourself now and write:

Dear Mrs. Longfellow,

It's that time again! We miss you in our office, and your record card this morning happily reminded us that you should be coming in. Won't you call for the appointment which will best fit into your plans?

Sincerely,

Dr. Moran

If you write as rapidly as I do, you required about 1 minute and 54 seconds to write to Mrs. Longfellow. (I must confess I am writing under a handicap. I am 13,000 feet over North Carolina on Eastern flight 747 on my way to Jacksonville.)

But let's take our figure as somewhat valid — 1 minute, 54 seconds or 114 seconds. How many patients does the dentist see in a day? A simple multiplication will give you your own answer for your time problem.

Does this correspondence really take time? Or is it a matter of just organizing your office — to include correspondence? I think it is.

Are you a good public relations man in your office? Do your patients like you just because they think you're so thoughtful? Have you checked your correspondence lately?

You might be startled — and that's good too. Try it.

Dear Larry,

Your article may be all right, but who is kidding whom? If letters are written from our office, for the most part, I'm the gal who'll have to write them. I've got enough to do now. At this very minute a child is raising the roof in chair No. 2, doctor's angry because he just found out he can't make that fishing trip, and Mrs. Sommer says these dentures never did fit.

Who're you kidding? I should write yet?

Sincerely,

DOROTHY

P.S. I hate you for even the suggestion.

"Dear Dorothy,

You may be proving my point. If you would have written that child when he graduated from kindergarten, he might think today that the dentist is his buddy.

If you would have sent that collection letter we talked about, maybe your 'boss' could afford that fishing trip.

If you had told Mrs. Sommer in a note that she should be thrilled with her husband's promotion, she wouldn't even be thinking about that denture.

I know you're the gal who'll have to write the letters. The 'boss' is there to do the dentistry; you're there to assist.

I can't think of a better way to be the best assistant any dentist ever had.

Sincerely,

LARRY

P.S. Don't hate me — I'm a dental assistant too."

Patient Education

The Dental Health Team Works Together For Dental Health Instruction*

Esther M. Wilkins, B.S., R.D.H., D.M.D.**

The attention focused within the past few years on analysis and study of the role, education, and indispensability of dental assistants cannot help but present a tremendous challenge to each dental assistant. Awareness that the measure of her success lies in the quality of her services to the dentist, the patient, and the community stimulates her to self-evaluation, study, and improved performance in order that she make increasing contributions to the health of our people. Their health depends on their attitudes, understanding, knowledge and personal habits, thus patient education becomes a vital part of today's dental care program. Instruction, to be effective in promoting patient learning, needs to be a continuing process integrated into the total dental practice. As a result, patient instruction becomes everybody's business, dentist, dental hygienist, and dental assistant.

When some people hear the term "patient instruction" they think only of a toothbrush demonstration. Patient instruction has a much wider scope than the limitations of that definition. From the time the patient calls to make the appointment to the planning for recall, there is direct or indirect education. The appearance of the waiting room, the presentation of the case, the explanations of dental procedures, in fact, every contact the patient has, contributes to his learning.

The prime objective in education is to develop sound attitudes and habits which will motivate people to obtain and maintain good oral health. Dental personnel apply this objective throughout the practice — to make better informed, more appreciative patients who will understand the purposes of the services rendered, be more cooperative, and follow through in the program for continuing care; who will do their part personally in daily care for the preservation of the oral tissues and

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** *Director, Department of Dental Hygiene, School of Dentistry, University of Washington.*

restorations; and who will contribute to the well-being of the community by showing interest and support in community dental health measures through community group efforts. For young people, education can stimulate their consideration of a dental health career. Dental health instruction is a broad term which has relationship to all phases of the practice.

The ultimate goal of dentistry, and therefore of patient instruction, is the prevention of disease. The present is a period in the progress toward this goal where both of the major oral diseases, dental caries and periodontal diseases (particularly those predisposed by local factors) can be partly controlled and a percentage prevented.[1] Three lines of attack are evident since certain measures require community effort, some professional care and others depend on individual performance. All are influenced by the knowledge and attitude of the public, and hence require patient instruction.

Examples may focus the three approaches to prevention. First, on a community basis, fluoridation of the water supply will prevent a significant percentage of dental caries. Second, there are certain clinical procedures which can be performed by the dentist and dental hygienist which contribute to control or prevention. When explained to the patient, the techniques are educational in themselves. Examples are the complete removal of calculus for periodontal disease control and the topical application of fluoride for dental caries prevention. Operative dental care is preventive in that the teeth are restored to function, dental caries is arrested, and smooth tooth surfaces are provided which are not irritating to the gingival tissue. The third, individual effort, refers to daily routine of diet and personal habits.

The Patient

The success of community health measures, professional techniques and personal care depends on the responsibility carried by the individual. He must know and understand about oral conditions and what must be done for optimum health. Even before that, the person must be motivated to want good oral health. It must be important enough to command a portion of his time daily for personal care and periodically for dental office appointments for professional care. It must fit into his sense of values — how he wants to spend his time and money — and it must give him greater security and pleasure in this fast-moving age.

The Motivational Study of Dental Care made under the auspices of the American Dental Association Bureau of Economic Research and Statistics[2] brought out that dental care is a cultural value and that attitudes and behaviors vary considerably among social classes. The study also brought out that there is a big gap between what people know about correct procedures and what they actually do. It is on such a foundation of understanding people, what motivates them, and how they apply what they know that the program for patient education must be built. With individual instruction, there can be no set pattern, for each person brings with him a different background. Motivations and interests vary with background and age group, and the members of the dental health team must recognize and apply this.

The Dentist

The dentist is the leader of the team and it is his responsibility to guide the program of education for the patient and continuing education for the auxiliary personnel. A two-way street exists, and the dental hygienist and dental assistant carry the obligation to avail themselves of every possible opportunity to increase their own knowledge. They can help the busy dentist by focusing questions for discussion and clarification and calling the dentist's attention to scientific articles and other printed information of pertinent value. The dentist must do his part in making dental publications available for reading. A portion of regular staff meetings can well be devoted to going over the practical applications for new research.

The dentist determines office policy,

and policies need to be made about the information which will be extended to patients, and the time which will be devoted to instruction. Funds must be available to purchase visual aids and the printed materials for use in the waiting room as well as for patient distribution. Time and encouragement for attendance at professional meetings and refresher courses is needed. Auxiliary personnel can help by keeping the dentist informed of available resources for their education.

In the team approach the dentist respects the legal limitations of auxiliary personnel in presenting information about the diagnostic and treatment aspects of patient care. When the dentist has defined the diagnosis and treatment plan, the dental assistant and dental hygienist can assist in interpreting to the patient details of the work required and the objectives in the long range plan. The dentist must support and supplement the instruction provided. Misinterpretations or misrepresentations can be avoided when the auxiliary person does not make judgments before she has reviewed the case and obtained direction from her employer.

The suggestions made here about the role of the dentist are presented with the intention that they represent the activities of the dentist from the point of view of the auxiliary personnel. Initiative must be taken by the dental hygienist and assistant to keep the two-way street open.

The Dental Hygienist

The dental hygienist by definition is an oral health educator and her clinical and educational services are inseparable.[3] Her work is of a preventive nature and the long-term success of the operations performed depends on the cooperation of the patient in performing daily procedures of oral physical therapy and diet. The very nature of the dental hygienist's work invites emphasis on patient understanding through instruction.

The formal education required for the dental hygienist includes basic and social sciences to give understanding of the processes of health and disease and the physical and mental characteristics of people. Specific courses in, for example, sociology, psychology, speech, English, public health and dental health education theory and methods, along with extensive scientific coverage of oral health information based on dental research, provide the background needed for her professional clinical and educational services.

What are the dental hygienist's responsibilities in patient instruction? They are extensive and varied. With the other members of the dental health team she directs her efforts to develop an appreciative, cooperative patient who is understanding of the total program of care. She fits into this picture the specific role of dental hygiene services. She clarifies the details of her techniques, what she will do and why, and explains the instruments she will use. She shows the patient his own mouth through use of a hand mirror and the radiographs, and explains anticipated results in terms of potential tissue changes. All this she relates to the patient's daily care, and instructs him in methods which can meet the needs of his individual mouth, digital dexterity, and expected persistence. She is well versed in the wide variety of oral physical therapy measures (for example, techniques for toothbrushing, dental floss, interdental stimulators, gingival massage), selects the proper method for each patient within the policies defined by the dentist. With continuing appointments, the techniques are reviewed, encouraged, and supplemented as indicated by the progress made by the patient.

The dental hygienist uses her knowledge of diet and nutrition in the preventive program of both dental caries and periodontal diseases. In a dental caries control study for an individual patient,[4] the dietary survey is made by the patient for a week to determine the frequency of ingestion of refined carbohydrates and the relationship to factors which will promptly remove these from the teeth, particularly toothbrushing, rinsing, or eating detergent foods. Recommendations are made to substitute protein and other foods less detrimental to the teeth and a period of time

is supervised when the patient is on a diet free from foods containing refined carbohydrates. A dental caries activity test may be used as an educational device to motivate the patient. A total program for the dental caries control study integrates all preventive services with concentrated education, applicable to the patient and his whole family. In fact, the family can be helped to visualize this on a community basis so that when, for instance, refreshments for community organizations for the different age groups are being planned, dental health can be an influencing factor in food selection.

For the supporting structures dietary nutrients are important to tissue healing and maintenance. The dental hygienist uses the dietary survey to help the periodontal patient recognize his own deficiencies, and want to initiate change. The maintenance phase of care for the patient treated for periodontal disease is indefinite in length, and requires constant dental hygiene care and instruction in frequent recall appointments.

Education about the topical fluoride application technique extends to include information about all uses of fluorides. When working in an unfortunate community that does not have the benefits of controlled fluoridation or natural fluorides in the water, constant promotion of this, the most effective of dental caries preventive measures, is required.

Dental hygienists have developed specialized skills in the intricate educational procedures needed for mentally or physically handicapped patients and their parents. Others may work with orthodontists to provide instruction in habit training essential to the success of treatment.

The Dental Assistant

Suggestions of the details of preventive education have been mentioned partly to describe the work of the dental hygienist, but more to point up the extent of knowledge and understanding required of the dental assistant if she is to work effectively in the team. The dental assistant who is in complete charge of patient scheduling and recall will need to have cognizance of the educational objectives for the patient if she is to allot the proper amount of time, answer the patient's inquiries, and supplement the teaching of the dental hygienist. The dental assistant sees the patient more frequently, particularly during the patient's appointments with the dentist, and she must accept responsibility for carrying on, along with the dentist, what the dental hygienist has tried to accomplish.

When the dental hygienist is employed on a full-time basis and carries out a detailed preventive program, much of the responsibility for the intensive patient education may tend to centralize in the dental hygiene department, but to be fully effective the dental assistant must carry the instruction over into all appointments for the patient. The dental assistant and dental hygienist can work together in the selection of instructional materials for the waiting room and patient distribution.

Sometimes during practice building, the young dentist will start with a part-time dental hygienist, and there are still a few full-grown practices where the dental hygienist is not employed full-time. The third arrangement in which the assistant finds herself is when no hygienist is employed. The responsibilities of the dental assistant to instruct patients progressively increases in these assorted situations. When the dental assistant and dental hygienist work together, and records include indication of the educational material covered, there should be no feeling of interference one with the other, but rather a feeling of group effort. As stated earlier, patient instruction is everybody's business.

What should the dental assistant teach and what basic oral health facts should the dental assistant be able to discuss fluently with the patients? There is no license required for instruction, and in any situation anywhere when one knows something which will help another, he should take the responsibility for teaching. The only limitations on what the dental assistant should teach or discuss are (1) specific diagnostic or treatment forecast informa-

tion for an individual patient which should be imparted by the dentist, (2) facts with which she has such limited knowledge that she might mislead the patient, (3) ideas which are inconsistent with office policy, and (4) information which is outdated or inconsistent with recent research. For

"It ain't so much what people know—
They know so much
that just ain't so!"

and let's hope they don't learn what 'ain't' so from dental personnel.

To be more specific, the dental assistant has her own objectives for patient instruction in connection with explaining the techniques she performs. For example, when she prepares the radiographs, she should be ready to answer general questions asked by the patient. Frequently patients may ask about the harmful effects of radiation. The dental assistant who reads the *Journal of the American Dental Association* uses the direct factual statement of the Council on Dental Research[5] that the amount of radiation involved in making a complete oral survey is far below levels which would produce detectable damage to the body tissues. She can bring out the essential virtues of the use of radiographs in complete care. This is only one example, but is can be applied as the assistant educates the patient in relation to number and length of required appointments, questions about the instruments which she prepares for use by the dentist, or explanation of the postoperative procedures which must be followed for specific types of operations.

The dental assistant should be thoroughly versed in methods and purposes of oral physical therapy measures and should practice demonstrating these. Phases of the instruction will be the assistant's responsibility whether or not there is a full-time dental hygienist. An example might be the instruction in denture brushing and care for the patient who has just received his new dentures. Another example is the supervision needed when dentists want their child patients to brush their teeth before each operative appointment, particularly if the child has come directly from school. Review of technique and suggestions by the dental assistant is expected. When the dental assistant is the only auxiliary, she will have responsibility for teaching and reviewing procedures with all patients. The dentist prescribes the type of brush and method of brushing, and whether he suggests the Charter's, Stillman's, Hirshfeld's or other brushing procedure, the dental assistant must be prepared to use a model in conjunction with the practice which the patient will perform in his mouth and to supervise the care he will give. She must know the attributes of the toothbrush and explain to the patient when, why, and how he will brush. All of the teaching information and procedures should be demonstrated for and discussed with the dentist in order that office policy be followed.

It is not possible here to give details concerning all the information which the dental assistant should have at her finger tips. Some of the dental facts which need explanation have been brought out in articles which have appeared in *The Dental Assistant* and other publications.[6,7,8,9] Worthy of mention is the responsibility of each member of the dental team, and the assistant is no exception, to become well versed in the facts about the use of fluorides. She should know the points brought out by antifluoridationists and how they should be answered, and should take leadership in promoting this public health measure. Dolores Henning of the American Dental Association Bureau of Dental Health Education has provided an excellent summary of the important facts about fluoridation in the July-August, 1960, *The Dental Assistant*.[10]

Education is a continuing responsibility for dental personnel in and out of the office. It is a 24-hour job. There is satisfaction in being an informed person who knows at least some of the answers and can speak without apology about the important phases of dental care which contribute so much to the comfort and happiness of people. When the dental assistant puts on her sparkling uniform and cap she is looked to as a person to

(Continued on page 24)

New Horizons For Dental Assistants*

Mary Rowley, C.D.A.

Service as dental assistant to both the dentist and to the community includes much more than technical knowledge and scholastic aptitude. It must include a standard of acceptance of the entire professional code of ethics and all of the self discipline that such a code demands.

Currently the impact on the profession for the need of Public Relations is being discussed everywhere. Essentially Public Relations in the dental profession is truly dental health education. If the patient understands the need for dental care — the service to be rendered and the expense to be incurred — he will be a cooperative patient and a Public Relations asset. This important application of dental health instruction is the teamwork between the Doctor and all his auxiliary personnel. There must exist a new broadened scope of the dental assistant's responsibilities in this 20th Century professional family. Today, as never before in dentistry, emphasis is placed on prevention of mouth diseases, and through proper education, in assisting the Dentist, the assistant can be an influential figure.

What can a dental assistant do to assist the dentist in Dental Health Instruction. An important phase in any instruction is the recognition of individual differences. One must strive constantly for an emotional tone in the dental office. Educators and psychologists call this *empathy*. Webster defines it as the imaginative projection of one's own consciousness into another being. It is a very broad concept and has become increasingly important as it affects the relationship of patient, dentist, and the auxiliary personnel.

Much of the public does not know the dentist can prevent or reduce the incidence of dental disease. Preventive dentistry is important to the patient's total health. By regular recall the dentist can educate his patients to understand the value of his service. The scheduling and planning of appointments gives the dental assistant the opportunity to further educate the patient. With this concept of preventive dentistry, auxiliary personnel can be utilized advantageously.

In every state there is a law to insure the public of services by competent and responsible practitioners. It is termed "State Dental Practice Act." Usually it defines the responsibilities of the professional man and all auxiliary help. All personnel should be acquainted with this act; it varies in every state. Within limitation, assistants cannot perform a direct preventive service in a patient's mouth.

What, then, can the Dental Assistant do to assist the Dentist in Dental Health Instruction? For an example — let us review a day in a dental office. It is an average day, and the following questions are asked, throughout the day, by the patients of the assistant.

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1. What type of toothpaste should I use?
2. What kind of toothbrush does Doctor recommend?
3. I read an article on radiation, do I really need X-rays?
4. What causes the stain on my teeth?
5. How do I clean my dentures?
6. Why is it necessary to reline my dentures?
7. My child will lose his baby teeth, why should they be filled?
8. Would you give me an aspirin?

Can we answer these questions correctly? Do our Doctors permit us to answer them? Does he have confidence in our ability? Do we have written material to present to the patient to further clarify our answers?

May I project a method to assist your Dentist in educating his patient in total dental health and also office policy? Sit down with your employer in an office conference and discuss methods of answering these questions. You make a few suggestions, he will make the decisions.

For instance — be prepared to teach toothbrush instruction. This would naturally be in accordance with his instructions, and depending upon his diagnosis of a case. In many offices there are no hygienists and dental health instruction is neglected. This can be our responsibility. If there is a hygienist it can then be a combined effort of both assistant and hygienist.

Suggest to your employer that instruction sheets could be issued to his patients. This can be done under the Dentist's supervision and on his stationery.

For example:

In prosthetics information — the care of the edentulous mouth and care of the dentures — when and why recline or rebase is necessary.

In Oral Surgery — instruction sheets on pre and post operative care.

In Orthodontics — the care of appliances and stages of progress.

In Periodontics — the care of the mouth after surgery — periodontal packs and special toothbrushing.

In Pedodontics — explanation of primary or deciduous teeth and permanent dentition.

In Nutrition — why not make charts to be used as a visual aid, and information sheets emphasizing the importance of proper nutrition.

All this reference material should be placed on the secretary's desk and presented to the patient for his guidance in developing good dental health *habits*. Many fine brochures may be obtained from the American Dental Association, and from the National Dairy Council.

In the May-June issue of the ADAA Journal, statistics on the replies to a survey, mailed to a number of dental assistants and their dentist - employers, was published. It is interesting to note that our various activities and responsibilities ranked in the following order on question No. 3: "Considering your dental assistant's help in patient education and practice building, please indicate areas in which you find her assistance of value."

Recall service	88.0%
Credit & Payment	69.0%
Instruction in post operative care	64.7%
Distribution of Educational materials	59.5%
Fee presentation	38.2%
Visual Education	27.2%

It is also interesting to note that the majority of dentists considered visual education first in potential value. Therefore, we realize that a great deal more time should be given in instructing with visual aids.

It has been stated that we learn through the avenues of the five various senses, and that 85% of our education is absorbed through the eyes. This, then, is a great potential for patient education. In our offices we should have — diagnostic models, a projector and slides, screen, and or a portable projection viewer — charts on nutrition, flip charts on periodontal involvements, and all the many other facets of preventive dentistry. With careful planning and case presentation, this would have many rewards in patient education. The

dentist, hygienist and dental assistant set the stage for the 20th Century Professional Family.

The dental assistant, not too long ago, mainly received patients and performed housekeeping chores. Her training remained relatively static for a long period of time. Never-the-less, within our own ranks we have some very fine women who have gained their knowledge and value to the dental office by perception. There was no other way to learn.

The American Dental Assistants Association has pioneered the educational programs. It has been a slow, but steady, progress. We have been offered the opportunity to attend Extension Courses, and there are several approved schools and an accepted Certification program. It has been reliably stated that if an assistant has not worked with the new high speed — time and motion studies, the improved technique in dental materials, although she be an assistant of 20 years experience in one office, she could find herself lost in the new trends. This should challenge every assistant to, for her own security, take advantage of the educational opportunities offered to her.

It is conceded by all who have studied the problem that there must be more and better trained personnel to aid the dentist in meeting dental needs of the public. Recently, in discussing the future, Dr. Paul H. Jeserich, President of the American Dental Association, said "... I firmly believe that the future of the profession lies to a large extent in the advancement and continuing improvement of its program for dental education and research and its greater use of auxiliary aids." Most dentists now realize that on the job training is time consuming, costly and often inadequate. Dentists are beginning to utilize a greater number of well trained dental assistants. Our educational programs in the schools should be standardized, and we should emphasize that in both our education and the expansion of our duties should be under professional supervision. The dental assistant seems sure to play an increasingly important role in the dental health team.

DENTAL HEALTH TEAM—Cont'd.

be respected. Characteristically she inspires confidence, and through her intelligent conversation about dental health she stimulates patient thinking and sets learning processes into action. This adds spice to an already interesting vocation, and permits the dental assistant to increase her effectiveness in the dental health team's efforts to have a complete program in which the informed, appreciative patient is the ultimate result.

References

1. Fleming, Willard C., The Dentist's Responsibility As a Citizen of His Community, in Mann, William R. and Easlick, Kenneth A., *Practice Administration for the Dentist*, St. Louis, C. V. Mosby, 1955 pp. 35-36.

2. American Dental Association, Bureau of Economic Research and Statistics, A Motivational Study of Dental Care, *Am. Dent. A. J.* 56:434, March, 1958; 56:566, April, 1958; 56:745, May, 1958; 56:911, June, 1958.

3. Wilkins, Esther M. and McCullough, Patricia A., *Clinical Practice of the Dental Hygienist*, Philadelphia, Lea & Febiger, 1959, p. 11.

4. Ibid, pp. 281-304.

5. American Dental Association, Council on Dental Research, Council Reaffirms Policy on Radiation Hygiene, *Am. Dent. A. J.* 61:131, August, 1960.

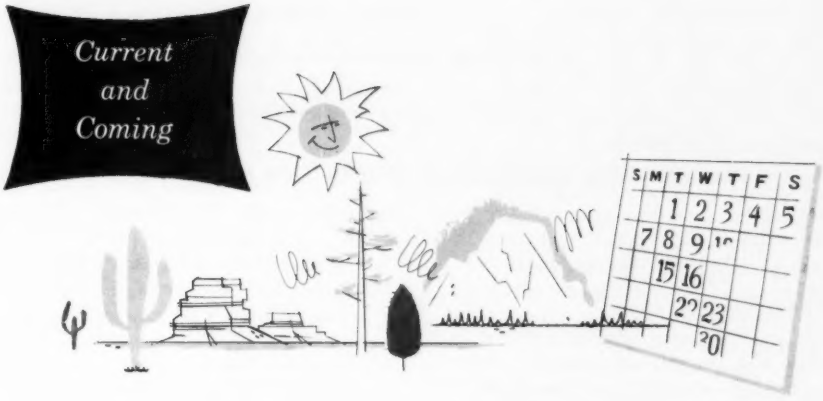
6. Carter, Peggy, The Dental Assistant As a Teacher in the Dental Office, *Dent. Asst.* 28:29, July-August, 1959.

7. Oldham, Dorothy, Dental Assistant's Role in Patient Education, *Dent. Surv.* 34:1179, September, 1958.

8. Petrie, Myra J., The Dental Assistant's Role in Dental Health Education, *Dent. Asst.* 28:11, May-June, 1959.

9. Dunkel, Robert G., Dental Assistant and Dental Health Education, *Southern Calif. Dent. Asst. A. J.* 20:4, June, 1960.

10. Henning, Dolores, A Few Facts About Fluoridation, *Dent. Asst.* 29:23, July-August, 1960.



When and Where

AMERICAN DENTAL ASSISTANTS ASSOCIATION

Thirty-seventh Annual Session, October 16-19, 1961, Philadelphia, Pennsylvania.
Headquarters: Hotel Benjamin Franklin.
Secretary: Mrs. Alice Eder, 1047 Diamond Street, Camden, New Jersey.
Executive Secretary: Mrs. Elma Troutman, 410 First National Bank Building, La Porte, Indiana.

STATE ASSOCIATION MEETINGS

FIRST DISTRICT

State	Date	Headquarters	City
Maine	June 15-17, 1961	Hotel Samoset	Rockland, Maine
Massachusetts	May 2-4, 1961	Hotel Statler	Boston, Mass.
New Hampshire	June 18-20, 1961	Mountain View Inn	Whitefield, N. H.
Rhode Island	January 17-18, 1961	Sheraton-Biltmore Hotel	Providence, R. I.
Connecticut	May 10-11, 1961	Hotel Statler	Hartford, Conn.

TENTH DISTRICT

Arizona	April 12-15, 1961	Ni Way House	Phoenix, Arizona
Colorado	October 1-4, 1961	Broadmoor	Colorado Springs, Colo.
New Mexico	May 10-13, 1961	Western Skies	Albuquerque, N. M.
Texas	April 30-May 2, 1961	La Mansion	Houston, Texas
Utah	May 18-19, 1961	Hotel Utah	Salt Lake City, Utah

INFORMATION BULLETIN and RULES AND REGULATIONS*

General Information

Functions of the Board

1. To approve questions for written and practical examinations, to provide qualifying examinations for eligible dental assistants, and to process examination papers.
2. To issue certificates to all candidates who pass the examination and fulfill the requirements as stated in the Rules and Regulations.
3. To maintain a register of all applicants applying for examination and those receiving certificates.
4. To make all decisions relative to applicant's eligibility to be examined and reserve authority of final decision regarding certification of any candidate.
5. To specify the periods during which examinations are held.
6. To issue new certificates to holders of ADACB certificates who apply for recertification under the CBADAA program and to maintain a register of same.
7. To issue renewal certificates annually to those who qualify and maintain a register of same.
8. To check all orders for Certification wreaths before orders are forwarded to jeweler.
9. To sell the emblem for dental assistants' caps in the form approved by the ADAA and the CBADAA to those qualified.

Insignia of Certified Dental Assistants

1. The emblem of the ADAA in the form approved by the CBADAA may be worn on the upper left hand corner of cap by assistants who have been Certified. These may be purchased from the Executive Secretary of the CBADAA at a cost of three for fifty cents.
2. Active Certified members of the ADAA are entitled to wear the Certification wreath approved by the CBADAA and the ADAA attached to the ADAA emblem pin.

Rules and Regulations for Certification

General Requirements

All applicants must

1. Be Active members of the ADAA.
2. Be citizens of the U.S. or Canada or give evidence of having filed a Declaration of intention.
3. Be high school graduates or have equivalent education.
4. Be employed in ethical dental offices, clinics, institutions or hospitals.
5. Be graduates of dental assisting courses at schools approved by the ADAA and the ADA Council on Dental Education, or schools of oral hygiene approved by the ADA Council on Dental Education, or must have completed extension courses (including the approved correspondence course) approved by the ADAA.
6. Pass successfully both the written and practical examinations of the CBADAA.

Education and Employment Requirements

1. Graduates of two year courses in approved schools

* *Revised October 1960.*

a. May take next examination held after graduation if an Active member of ADAA
b. Certification will be withheld until one year employment requirement is met

2. Graduates of one year courses in approved schools
   a. May take next examination held after graduation if an Active member of ADAA
   b. Certification will be withheld until a two year employment requirement is met
3. Graduates of schools of oral hygiene approved by ADA
   a. Must have Active membership in ADAA
   b. May take the examination after a two year (24 months) employment requirement has been met
4. Graduates of extension study courses and correspondence course
   a. Must be Active members of ADAA
   b. May take the examination after a three year (36 months) employment requirement has been met
   c. Graduates of all extension courses and the correspondence course in progress prior to December 31, 1960 will be permitted to take the examination under the two year (24 months) employment requirement in effect at the time the course was started.

General Rulings

1. Application for examination shall be made on a form provided by the CBADAA and accompanied by an examination fee of $20.00. No application shall be acted upon until the examination fee is received by the Executive Secretary. If the CBADAA deems an applicant ineligible for examination, the examination fee will be refunded.
2. An applicant shall not be given a refund for failure to take the examination at the designated time. Written reason for non-appearance at examination must be furnished to the Executive Secretary of the CBADAA within 30 days after date of examination if applicant wishes to take a future examination without paying the fee.
3. Any applicant desiring re-examination by the CBADAA shall be required to file a new application and pay the examination fee of $20.00.
4. Qualified Active members of the ADAA who are not affiliated with a state association or local society may be granted the privilege by the CBADAA of taking the examination at the state association or local society most convenient to their residence.
5. Eligible Active members satisfying the educational and employment requirements in one state, who move to another state before examination date, may apply for examination with the new state, provided they affiliate with that state association. They must furnish proof of their educational and employment requirements, and if they have moved within the same calendar year in which the examination is to be given, their applications must be countersigned by Secretaries of both states.

EXAMINATIONS

1. The examination shall include a Written and a Practical examination. The applicant must have a passing grade in *both* the Written Examination and Practical Examination to become certified.
2. All examinations shall be provided by the Board of Directors of the CBADAA.
3. Examinations shall be held only during examining periods specified by the CBADAA.
4. State Associations (or local society where no State Association exists)

Step Three: The State Secretary then shall supply the CBADAA Executive Secretary with the following information:

a. Number of applications needed
b. Date selected for examination within the examining period for each center

may hold examinations at centers convenient for the majority of the applicants *but* only *one* examination per period for *each* center.

EXAMINING PERIODS SHALL BE:

May — 2nd Wednesday through Sunday
October — 1st Wednesday through Sunday

5. Choice of examining centers and publishing notice of same shall be the responsibility of the individual State Association.
6. The President of the State Association shall appoint Examining Committees as needed, all of whom must be *Certified* Dental Assistants. Chairmen of Examining Committees shall be designated by the State President.
7. Chairman of each Examining Committee will receive the examination papers for which she will be responsible until their return to the Executive Secretary of the CBADAA.
8. Each Examining Committee shall provide a suitable place; supplies and equipment for holding both Written and Practical examinations.
9. Sufficient time shall be allotted for examinees to complete entire examination.
10. Ethical Dentists should be asked 30 days in advance to supervise the Practical Examination and grade same according to instructions provided by the CBADAA.
11. Each Examining Chairman shall seal all Practical and Written examination papers and all companion material in envelopes provided, and *return immediately by registered or certified mail* to the Executive Secretary of the CBADAA.

PROCEDURES FOR EXAMINATION

Step One: The local Education Chairman shall inform the State Education Chairman of the number of applicants for examination.

Step Two: The State Education Chairman shall then inform the State Secretary of the number of applicants.

c. Name and address of Examining Chairman at each center.

Step Four: The State Secretary mails application blanks to applicants. When completed applications *including affidavits and fees* are returned to State Secretary, she shall check Active membership eligibility of each applicant, sign each application, and return applications with affidavits and fees to the Executive Secretary of the CBADAA.

PROCEDURE DATES FOR ABOVE STEPS

May Examination
Step One — by January 1st
Step Two — by January 10th
Step Three — by February 1st
Step Four — by March 1st
October Examination
Step One — by June 1st
Step Two — by June 10th
Step Three — by July 1st
Step Four — by August 1st

Specific instructions for conducting the Examination will be sent to the Examining Chairman by the Executive Secretary of the CBADAA.

RECERTIFICATION

Up to December 31, 1962, all holders of certificates of the American Dental Assistants Certification Board issued prior to October 1960, may be granted the new certificate of the Certifying Board of the American Dental Assistants Association by filing an application with a $5.00 application fee with the Executive Secretary of the CBADAA. These new certificates are subject to annual renewal.

RENEWAL OF CBADAA CERTIFICATES

Certificates issued after October 1960 are subject to annual renewal. To qualify for renewal, all holders of these certificates must:

a. Hold membership in the ADAA
b. File application for annual renewal on forms provided by the CBADAA accompanied by a renewal fee of $2.00

Officers of the American Dental Assistants Association and Dr. Harold Hillenbrand, Secretary of the American Dental Association are shown in the Dental Assistants' Central Office, La Porte, Indiana, where a meeting of the special Evaluating Committee was held on December 28th and 29th. Seated, Miss Ruth Asp, 1st Vice President; Miss Lois Kryger, President; Mrs. Harriett Darling, Treasurer; Mrs. Dorothy Kowalczyk, Business Manager; Mrs. Elma Troutman, Executive Secretary. Standing, Miss Corinne Dubuc, President-elect; Mrs. Alice Eder, Secretary; Dr. Harold Hillenbrand, Secretary American Dental Association; Mrs. Helen Griffin, Mrs. Isabelle Quale and Mrs. Marilouise Arndt, staff employees.

"DENTISTRY IS IN THE EARLY STAGES OF AN EVOLUTION"*

So said Dr. Shailer Peterson, Assistant Secretary for educational affairs of the American Dental Association, in an address December 29, 1960 at a symposium held at the Biltmore Hotel, New York, in conjunction with a Meeting of the American Association for the Advancement of Science.

Dr. Peterson explained that the "evolution" will bring about changes in methods of providing dental care as well as allocation of duties for rendering this care. He stated that studies of dentistry's needs for the future seemingly have the entire profession "manpower conscious," and that never before in the history of American Dentistry have so many agencies associated with the profession shown such an acute awareness of a situation and expressed willingness to act together in solving it.

Several changes, designed to prevent a lack of dental service in the future, which he discussed were:

—the ability of the average dentist to increase his productivity of service.
—the correction of inequitable distribution of practitioners.
—the calling upon auxiliary personnel to render a larger proportion of the dental services, always under the supervision of the dentist.

He pointed out that the ADA is on record as encouraging dental schools to institute research programs aimed at studying the functions of the dental assistant and the dental hygienist, with the ultimate purpose of the programs being to help the dental team operate more efficiently.

* *From News Release. B. P. I. American Dental Association.*

Standing, left to right: Emilie Bauereis, C.D.A.; Lucille Nethen; Dorothy Davis, C.D.A.; Jean McEvoy; Dena McKitrick; Kitty Cooper, C.D.A., president; Helen Hendricks, C.D.A.
Signing Proclamation: The Honorable Mayor J. Harold Grady. (see copy of proclamation below)

PROCLAMATION
BY
MAYOR J. HAROLD GRADY
DESIGNATING FRIDAY, SEPTEMBER 9, 1960
AS
"DENTAL ASSISTANTS DAY" IN BALTIMORE

WHEREAS, The Baltimore City Dental Assistants Society is now approaching its tenth year of service to the local profession of dentistry; and

WHEREAS, The Baltimore City Dental Assistants Society started with a nucleus of fourteen members and today finds itself a thriving organization of over seventy members; and

WHEREAS, The Baltimore City Dental Assistants Society is desirous of honoring their great founder, Juliette A. Southard, of the American Dental Assistants Association, in the month of her birth; and

WHEREAS, it is the function of the Local Society, through educational advancement to become more valuable to the dental profession; and

WHEREAS, The Baltimore City Dental Assistants Society's chief function is perhaps best expressed by their motto "Education-Efficiency-Loyalty-Service."

NOW, THEREFORE, I, J. HAROLD GRADY, MAYOR of the City of Baltimore, do hereby proclaim Friday, September 9, 1960, as "DENTAL ASSISTANTS DAY IN BALTIMORE, and I do urge all our citizens to acquaint themselves with the duties of the assistants in the modern dental office.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the City of Baltimore to be affixed this twenty-ninth day of August, in the year of Our Lord, one thousand nine hundred and sixty.

J. HAROLD GRADY
Mayor

Ed's note: For your Public Relations Idea File

1961 ACCEPTED DENTAL REMEDIES NOW AVAILABLE

This is the twenty-sixth edition of a book that has become widely recognized as a handbook of dental therapeutics. While it is extensively used in dental schools, its principal function is to provide the practicing dentist with information on the usefulness of drugs in dentistry.

The revised edition contains expanded sections on dental therapeutics. The monographs have been reviewed by the Council and its consultants and have been rewritten in the light of current scientific information. The chapter on "Fluoride Compounds" has been revised and expanded, with particular reference to sodium fluoride solutions, stannous fluoride solutions and dentrifices which contain stannous fluoride.

Its 244 pages include the provisions for acceptance of products, a general index, a distributor's index, and index of current reports from the Council and the Division of Chemistry, and an index of more recent reports on products not listed in the book, including those classified in Groups B, C and D.

Dental Assistants, as well as Dentists, should be able to use this book to a good advantage for information on products and drugs used in the dental office.

It sells for $3.00 and may be secured through the Order Department of the American Dental Association, 222 East Superior Street, Chicago 11, Illinois.

Results of the October, 1960 Certification Examinations

434 applied
7 ineligible
397 took the examination
30 did not take examination
354 passed the examination
43 failed the examination
296 were issued certificates
58 certificates are being withheld until employment requirements are met.

ANNETTE STOKER,
Executive Secretary

ADAA PRESIDENT HONORED

Miss Lois Kryger, Seattle, received a plaque from the Washington State Dental Association, December 2, 1960 in recognition of her elevation to the presidency of the American Dental Assistants Association. The plaque was presented by Dr. James H. O'Banion, retiring president of the W.S.D.A., at the 1960 session of the association's House of Delegates in Tacoma, Washington.

FILM ON DENTAL ASSISTING AVAILABLE

A 39 minute sound and color film entitled "Operation Teamwork" is available from the Bureau of Audio-Visual Service of the American Dental Association. It presents an account of a day's activities of two Dental Assistants. One is receptionist, secretary and chairside assistant; the other is chair assistant and laboratory technician. This should be a valuable aid to both the dentist and the assistant in assistant-training programs. The rental fee is $5.00.

DON'T MOVE!

Until you have sent your new address to the Subscription Department "The Dental Assistant," 410 First National Bank Building, La Porte, Indiana. Failure to do so will make it impossible for us to send you your copies of the Journal regularly.

DOCTQR, YOU TOO CAN BENEFIT . . .

Standing, l. to r., Carolyn Weatherwax, D.A., St. Louis; E. J. Hempstead, D.D.S., St. Louis. Seated, l. to r., E. C. Brooks, D.D.S., St. Louis; Gertrude Maxwell, D.A., St. Louis; Lorna Adler, D.A., St. Louis and Robert C. Byrne, D.D.S., St. Louis. (Photo courtesy Betty Satterfield, Sec'y. Mo. Dental Society.) See story below.

A TRADITION OF SERVICE

The ADAA Publications Committee Exhibit (shown in picture above) was one among the many attractive exhibits shown in the scientific section at the Mid-Continent Congress held in St. Louis, Missouri, November 27-30, 1960.

The purpose of the exhibit is to acquaint the profession with the ADAA and its programs as a whole, and its official publication, "The Dental Assistant," in particular.

It depicts highlights of the Publications Committee's current, long-range program for reorganization and continual improvement of the association's publication. Interesting information, taken from a Readership Survey conducted by the committee in 1959, is given. It also points out the improvements made in the publication since its inception in 1933, through a display of issues of past years, with special attention focused on a copy of the completely *New Journal,* which made its appearance in 1960.

The exhibit received much attention at the Mid-Continent Congress; numerous dentists and non-member dental assistants visited it and indicated interest in the new journal as an excellent source of information and education for assistants and an aid to dentists, particularly in assistant-training programs. A large number of pieces of literature, which carry the caption "Doctor You too can Benefit from A Tradition of Service" were distributed, and a number of dentist-subscribers were added to the subscription list.

Speaking for the A.D.A.A.

From Our President...

LOIS KRYGER

HOW ARE YOU DOING?

On this page of our November issue we discussed the importance of self-reflection for the purpose of determining whether or not goals that lead to satisfaction with our occupational selection have been achieved. We pointed to the fact that fulfillment in our life's work is realized by contributing to society's advancement, and specifically in our case, to contribute to the advancement of dental assisting. As the degree of efficiency in the performance of each dental assistant is observed by members of the dental profession, and the public in general, so the degree of dignity of dental assisting will be determined by the observant public, and more important, the dental profession.

By now every one in our occupation who is a member of the American Dental Assistants' Association knows that the dental profession has adopted educational and certification requirements for the dental assistant. This action is a serious turning point in our history as an occupation, as well as an organization. Every dental assistant must be mindful, however, that this recognition does not mean that dentistry will be responsible for our advancement, but rather, we as dental assistants, both individually and collectively have an increased responsibility as recognized personnel associated with the dental profession. As staff members in a professional field, we have equal responsibility in continuing education. Our world today does not stand still long enough for us to remain satisfied without the increased knowledge and skill required for maximum efficiency.

Let us appreciate that our Certification program has been designed to fulfill the requirements established by the Council on Dental Education of the American Dental Association. Let us realize that Certification is not a commodity that will carry us throughout our career, but rather, Certification is an honor — it is evidence of time, energy and intelligence applied to self-improvement. It is recognition of achievement established by standards of excellence, and this door of advancement is open to the dental assistant who has a serious interest in society's progress and a long-term outlook on her own future.

We all have been blessed with certain human attributes — those qualities that are identified with understanding, compassion, and the ability to learn. How are you doing, and are you using these attributes? Have you made the decision that is in a direction that leads uphill? Are you ready with your best foot forward to contribute to dental assisting and your own advancement?

Since Certification is an honor, let us regard it as such and remind you of this fact when you place that best foot forward in our world of today and tomorrow.

SPECIAL ATTENTION — After January 1, the cost of the *Extension Study Course Outlines* will be $2.00 per copy. The increase in cost of paper, printing and handling has made this necessary. *Please send your check with your order.*

Many are making plans for the State Meetings to be held in the spring. Central Office has an ample supply of materials which you may use for your Membership and/or Educational displays. Please feel free to request the quantity you will need. When ordering ALL materials, give us *at least two weeks notice.* Orders are placed in the mail the day they are received, but we cannot be responsible for delay in delivery by the U. S. Mail Service. For your information, a Price List of all materials was sent each society with the last News Brief.

We appreciate the cooperation we are receiving in the remittance of the 1961 Dues. They are being received in a neat, orderly manner for each member. May we remind *each member* to please sign the "Statement for Dues" (Form A) as a mailing record for your Journal.

The 10¢ Bank Exchange Fee is no longer required for your checks, but with the change of officers, we urge immediate attention be given to the change of signatures at your bank and inform your bank of outstanding checks signed by the retiring officer. This will help to eliminate the return of your checks due to improper signature.

For Program Chairmen, we have a list of suggested programs for your monthly meetings. Also, any member planning a table clinic and searching for a suggested area, we have a list that may be of assistance to you.

ELMA TROUTMAN
Executive Secretary

IN MEMORIAM

Hilda Ehrhardt, life member of the Cincinnati Dental Assistants Society, died suddenly on October 14, 1960. She was a diligent worker and served her society in many capacities.

Her smiling way and pleasant face are a pleasure to recall;
She had a kindly word for each and died beloved by all.

ALICE EDER,
ADAA Secretary

Vyonne Mortenson of Vermillion, South Dakota passed away on December 5, 1960 following a long illness.

Vyonne had been a member of the Sioux Falls and South Dakota Dental Assistants' Associations since 1947. She served as President of the South Dakota Association in 1955 and was Secretary of the SDAA Past President's Council at the time of her death. She had been associated with Dr. G. R. Collins of Vermillion since 1947.

Sincere sympathy is extended to her family, Dr. Collins and her many friends in dental assisting.

ANN SCHMIDT,
Secretary, South Dakota D.A.A.

A. D. A. Guidepost . . .

THE 1961 MEMBERSHIP DRIVE

Lucille H. McIntyre*

As we enter a New Year, let's put our Membership Drive into high gear! The 1961 Membership Drive is of great importance to the societies and associations throughout the United States which comprise the American Dental Assistants Association. Therefore, it is important that all members be aware of it and participate in it — it's our pass word for 1961!

It presents a greater challenge than any previous drive, and offers incentive to work harder than ever before. In fact, it offers a twofold incentive:

1. Enlarged membership at all levels.
2. Special awards provided by the Johnson and Johnson Company.

If you read pages 31 and 32 of the Convention Issue of your journal you already know about the attractive awards for the contest, which will be won by individual members who put forth a special effort to bring in new members in 1961. We are fortunate to have these big prizes offered to us, and it should encourage all of us to increase our efforts to gain new members. We can all be winners — even though we may not win the all-expense trip to the 1961 Convention or one of the cash awards — for, enlarged membership will benefit every member.

How shall we approach this drive?

1. Visit the dental offices in our areas and invite the assistants to our meetings.
2. Plan outstanding programs for the year.
3. Discuss, with prospective members, the advantages of our educational programs, and Study Courses that can lead to Certification.
4. Talk about our Insurance Program, which is an excellent one.
5. Let the dentists know about our programs and the many other advantages membership can offer their assistants.
6. Make the prospective member feel welcome and wanted when she attends her first meeting — include her in the program — get her interested in committee work.

To our present members: Do not forget it is time to pay your 1961 dues — do "first things first" and remain an active member. Check on the member who has not paid her dues for the coming year. Maybe we are at fault. Could we have done a little something extra to keep her interested? We must not overlook all possible reasons for a member's failure to renew her membership.

This drive started November 1, 1960 and will continue through June 30, 1961 — which gives us a long period of time to attain our goal. If we all work a bit harder, we can realize a substantial increase in our membership in 1961. Contact your local, state and ADAA Membership Chairmen or your Trustee if you need help and advice; they are all more than willing to help make the drive a huge success.

Best of luck — and — A Happy New Year To All.

---

* *Chairman, Membership Committee.*

INLAWS! OUTLAWS!! BYLAWS!!!

Mary Alice Ford*

Inlaws, outlaws and bylaws are always with us in one way or another. Some we can't do anything about — *Inlaws* are defined in the dictionary as relatives by marriage, and when we attain the state of matrimony we acquire inlaws for "better or for worse." Some we try to do something about — *Outlaws* are defined as lawless persons who are fugitives from the law, and the courts of justice endeavor to correct this. Some we *MUST* do something about — *Bylaws* are defined as rules or laws adopted by an association.

It has been pointed out to your chairman that possibly it would be well not to write too lengthy an article on bylaws — or it might not be read. With this she concurs. However, she feels that it is the duty and obligation of the Bylaws Committee to present to the membership of the ADAA the pertinent amendments that have to do with the members. And so be it!

The American Dental Assistants Association completely revised and amended its Bylaws at the annual session in Los Angeles and the Component (Local) and Constituent (State) societies *must* amend theirs to comply with those of the ADAA.

We bring to your attention, ARTICLE II — OBJECT (and quote verbatum): "The object of this Association shall be to promote the education of the dental assistant, to improve and sustain the vocation of dental assisting, and to contribute to the advancement of the dental profession and the improvement of public health." (This is a simplification and clarification of the former article.)

The classification and qualification of membership was changed somewhat. Notice the classification of membership: 1. Active members; 2. Life members; 3. *AFFILIATE* members; 4. Honorary members; 5. Associate members. The *AFFILIATE* member is the former *Associate.* (However, in amending your Bylaws please copy the wording in the ADAA Revised Bylaws, 1960.) *Associate Membership* may be granted to members of the ADA and to certain other persons as agreed upon by the Board of Trustees. (Executive Board or Committee of the Constituent Societies.)

You will notice that there no longer is a classification, *INDEPENDENT* members. This does not mean these assistants cannot be members of the Association. They will be *Active* members of the Constituent Society in the State in which they reside. (See qualifications of active members.)

QUALIFICATIONS:

Active members — "A dental assistant shall be classified as an active member of this Association when employed by a member of the ADA, or by a dentist whose practice is in accord with the Principles of Ethics of the ADA or in dental divisions of clinics, hospitals, and institutions, or as an instructor of dental assisting, or as an executive secretary for a dental or dental assistants society or any dental group, provided the member was employed as a dental assistant, and was a member of this Association prior to employment as an executive secretary.

In areas where no component society exists, dental assistants eligible for active membership may apply to the secretary of the constituent society in the state where the applicant resides. In areas where no constitutent society exists, dental assistants eligible for active membership may apply to the Trustee of the district in which the applicant resides. Such application must be accompanied by the proper annual dues.

* *Chairman Bylaws Committee*

An eligible dental assistant in an area where no component society exists may affiliate with any nearby society."

(There is a new explanation of the equivalent of a high school education.) *Years of professional or business experience to equal the number of years of formal high school education shall be considered the equivalent.*

We remind the component and constituent societies, again, of the classification for auxiliary members and urge you to incorporate it into your Bylaws. "Auxiliary membership may be granted, upon majority vote of the Executive Board or Committee, to interested persons employed in dental laboratories, dental houses, and to students employed on a part time basis in ethical dental offices. Auxiliary members shall not have the privilege of voting or holding any office, or serving as a chairman of a standing committee, but may serve as a committee member.

Such members are not eligible for membership in ADAA (This is not only good *public relations,* but the student is a potential active member and should be encouraged to participate in society affairs.)

In the section on Standing Committees; EDUCATION COMMITTEE—the wording should be changed to read "the chairman of the Education Committee of the ADAA" and "the chairman of the Certifying Board of the ADAA."

The Code of Ethics is now changed to *Principles of Ethics.* All societies are urged to make this change in their Bylaws and to spell it out in its entirety. (How many of you have ever read, and are familiar with, the former Code of Ethics of your Association?)

ARTICLE XIII

Principles of Ethics

Section 1. Conduct of Members. The conduct of every member of this Association shall be governed by the Principles of Ethics of this Association and the codes of ethics of the constituent and component societies within whose jurisdiction the member is located. The member shall maintain honesty in all things, obedience to the dental practice act of the state in which she is employed, and adherence to the professional ethics required of her by her employer.

Section 2. Obligations. Every member of this Association has the obligation:

a. To hold in confidence the details of professional services rendered by her employer, and the confidences of any patients who come under her care.

b. To increase her abilities and skills by seeking additional education in her field through services provided by this Association and its constituent and component societies.

c. To participate actively in the efforts of this Association and its constituent and component societies to improve the educational status of the dental assistant.

d. To support these Principles of Ethics.

e. To refrain from performing any service for any patient which requires the professional competence of a dentist, or is prohibited by the dental practice act of the state in which she is employed.

Section 3. Use of the Title, "Certified Dental Assistant." Those dental assistants who hold certificates issued for the current year by the Certifying Board of the American Dental Assistants Association may use the title, "Certified Dental Assistant," in connection with employment, and association activities.

Section 4. Dental Assistants' Pledge. This shall be the official dental assistants' pledge, as written by Dr. Charles Nelson Johnson of Chicago, Illinois, first Advisor of this Association: "I solemnly pledge that, in the practice of my profession, I will always be loyal to the welfare of the patients who come under my care, and to the interest of the practitioner whom I serve. I will be just and generous to the members of my profession, aiding them and lending them encouragement to be loyal, to be just, to be studious. I hereby pledge to devote my best energies to the service of humanity in that relationship of life to which I consecrated myself when I elected to become a Dental Assistant."

Your bylaws committee is well aware that the majority of you feel that bylaws are "dry," uninteresting and a necessary evil. We assure you that they aren't! If you would just take the time to read your component bylaws you would soon discover what makes your organization "tick" — how you are a part of the component — how the component is a part of the constituent — how the constituent is a part of the Association. *You, the dental assistant, are the Association.*

Instructions For Ordering ADAA Emblem Pins, Guards, and Certification Wreaths

All ADAA emblem pins, guards and Certification Wreaths must be ordered through the State Secretaries, who verify membership (and eligibility to wear the pin).

Order blanks may be obtained from the jeweler. It is a good idea for the local society secretaries or pin chairmen to obtain a supply of these order blanks for the use of their society members.

Fill out your order — attach your check or money order to this blank, add the proper amount for insurance — and send it to your State Secretary — unless your Society has arranged that the local Secretary send all these orders to the State Secretary.

The State Secretary checks the membership and signs the orders and sends them on to the jeweler.

In the case of Certification Wreaths, the State Secretary forwards these orders to the Executive Secretary of the ADA Certification Board, after she has signed them to attest to the membership. The ADACB Executive Secretary checks the Certification records for member's eligibility and forwards the order to the jeweler.

Pins, guards, and wreaths may be mailed directly to the purchasers, if names and addresses are included in the order; or a group of orders for one society may be shipped to one person if desired.

AMERICAN DENTAL ASSISTANTS ASSOCIATION
PRICE LIST ADAA EMBLEM, PIN, AND GUARDS

	10K	*Gold Filled*
Emblem Pin	$3.65	
Gavel with Pearl — State President	3.85	$2.50
Gavel — Component Society President	2.75	1.85
Gavel — President-Elect Gavel with Elect on handle	2.75	1.85
Gavel with "Vice" on handle — All Vice Presidents	2.75	1.85
Quill with 3 Pearls — State Secretary	3.85	2.75
Quill — Component Societies	2.75	1.85
Inkwell — Assistant Secretaries	2.75	1.85
Crossed Quill & Key — Secretary-Treasurer	3.85	2.75
Key with 3 Pearls — State Treasurer	3.85	2.75
Key — Component Treasurer	2.75	1.85
Quill in Inkwell — Editor	3.25	2.25
Torch — Committeeman	2.75	1.85
Open Book — Historian	2.75	1.85
Single Letter Guard — Initial of State, City, Society	2.75	2.00
Two Letter Guard — Separate Letters	5.50	3.85
Special Design — Double Letter	3.25	2.25
Double Numeral Year Guard	2.75	
Loyalty Guards — 5 Year and 10 Year	2.75	
Loyalty Guards — 15 Year, 20 Year and 25 Year	3.85	
Trustee Guard	2.75	
Certification Wreath Only*	3.85	
Attach wreath to your ADAA Pin	1.15	
Certification Pin Complete*	7.50	

*Must be ordered on official blanks but sent to your State Secretary for approval — then to Assistant to the Secretary, ADACB, Inc., Mrs. Annette Stoker, 103 Midland Ave., Glen Ridge, New Jersey. Send pin directly to Karl J. Klein, Inc., Jewelers.

Trophies — Gavels — Special Presentation Awards — Prices sent upon request.

Sample Pin Display Case Available for Your Meetings. Contact Your District Trustee directly for Sample Pin Display Case.

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Literally thousands of dentists have written us attesting the merits and effectiveness of STIM-U-DENTS and indicating their many specific uses.

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- **FOR RECEDING GUMS**
- **FOR SOFT, SPONGY GUMS**
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- **CLEANING AROUND BRIDGES**
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IDEAS* for a V.I.P.

*ON DEALING WITH OLD FOLKS

They used to be called old folks. Now they're called senior citizens. But the problem of how to handle them in a dental office remains the same, because many of them are quick to take offense or are excessively demanding of attention.

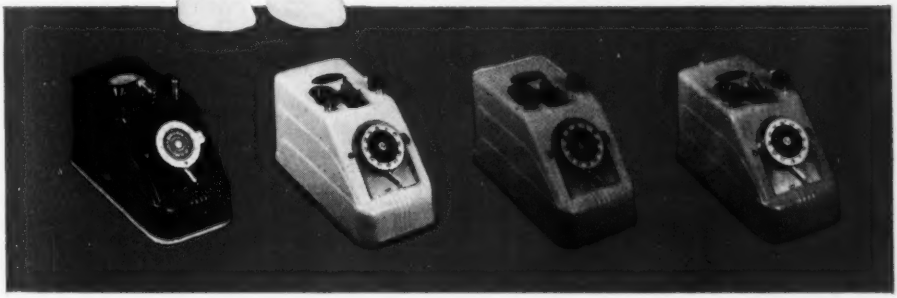
Understanding why they act the way they do will make it easier for you to deal with them. For example, many of them are living in the homes of relatives, where any tendency on their part to find fault is quickly squelched. Is it any wonder, then, that when they become somebody's patient or client or customer, their pent-up desire to criticize is vented on the people they are dealing with?

In other cases, these old people are starved for affection and attention. Place them in a situation where they *are* the center of attention—as they are when they visit a dentist—and they become insatiable. Nevertheless, handling such patients sympathetically and with kindness can build great goodwill for your office.

Another class of visitors that it pays to be nice to is salesmen. The Ney Technical Representative, for instance. The Ney man is an expert in gold prosthetic technics. In a few minutes, he can brief your dentist on the latest developments in this subject, giving him information it would take hours to get in any other way.

HELLO, DOCTOR! Plan to see me at your Dealer's soon!

Mr. Wiggly has been "brought to life" for the pleasure of his many friends. An unexpected demand for this lively, colorful, 5-inch doll has been received from dentists for their offices, homes, friends and children. So we've agreed to make "Mr. Wiggly" available through dealers for a limited time, in handy mailing tubes, at $1 each.



The Crescent **WIG-L-BUG** as thousands of dentists will tell you, produces smooth, fine textured mixes of alloy... mixes that assure uniformly better, finer setting, stronger, longer lasting fillings. It is truly "*the wonder electric mortar and pestle.*" Often imitated, but never equalled, this practical scientific instrument is preferred in dental offices, colleges, clinics and by the army and navy here and abroad. The Wig-l-bug is a proved practice builder, a great convenience and a real time saver. It amalgamates alloy and mercury in 7 seconds! Users of pellets say it is indispensable.

•

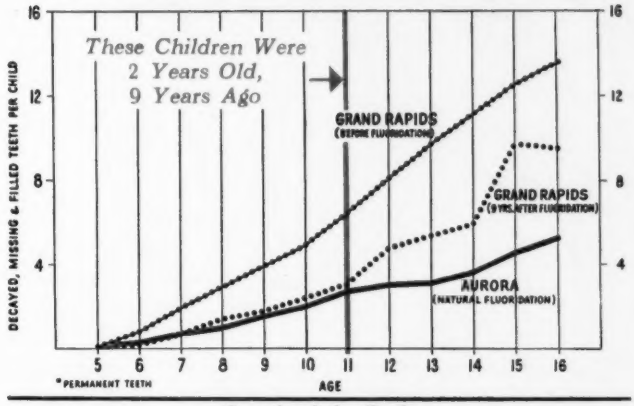
Biscayne Blue, Jade Green, Washington Coral (Plain, Standard, complete outfits) $65.50. Jade Green Mottled, Biscayne Blue Mottled (Unbreakable, complete outfits) $70.50. Ivory White $60.50. Pure White (for a limited time only) $60.50. Beautiful Black $55.50.

Call your dealer

CRESCENT DENTAL MFG. CO.
1839 South Pulaski Road, Chicago 23, Illinois

Decayed, Missing & Filled Teeth* Per Child

NINE YEARS AFTER FLUORIDATION (GRAND RAPIDS, MICHIGAN)



Growth of the Teeth

Tooth	*Hard Tissue Begins Forming*	*Amount of Enamel at Birth*	*Enamel Complete*	*Erupts*	*Root Complete*
BABY TEETH					
Upper Centr. Incisor	4 mos. in uterus	5/6	1½ mos.	7½ mos.	1½ yrs.
Upper Cuspid	5 mos. in uterus	1/3	9 mos.	18 mos.	3¼ yrs.
Lower Cuspid	5 mos. in uterus	1/3	9 mos.	16 mos.	3 yrs.
Lower 1 Molar	5 mos. in uterus	cuspids united	5½ mos.	12 mos.	2¼ yrs.
Lower 2 Molar	6 mos. in uterus	cuspid tips isolated	10 mos.	20 mos.	3 yrs.
PERMANENT TEETH					
Upper Centr. Incisor	3-4 mos.	none	4-5 yrs.	7-8 yrs.	10 yrs.
Upper Cuspid	4-5 mos.	none	6-7 yrs.	11-12 yrs.	13-15 yrs.
Upper 1st BiCuspid	18-21 mos.	none	5-6 yrs.	10-11 yrs.	12-13 yrs.
Lower 2nd Bicuspid	27-30 mos.	none	6-7 yrs.	11-12 yrs.	13-14 yrs.
Lower 1 Molar	at birth	trace	2½-3 yrs.	6-7 yrs.	9-10 yrs.
Lower 2 Molar	30-36 mos.	none	7-8 yrs.	11-13 yrs.	14-15 yrs.
Lower 3 Molar	8-10 years	none	12-16 yrs.	17-21 yrs.	18-25 yrs.

These Two Charts Prove That Children's Dental Care Should Start at a Very Young Age

The Fluoritab Corporation recommends that you get Fluoridation if you can. If you cannot, then Fluoritabs (1 milligram Fluorine Tablet) are the next best. A full years supply cost less than $4.00 per child.

Fluoride supplements, including Fluoritabs may be prescribed only by dentists and physicians

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625a South Saginaw Street
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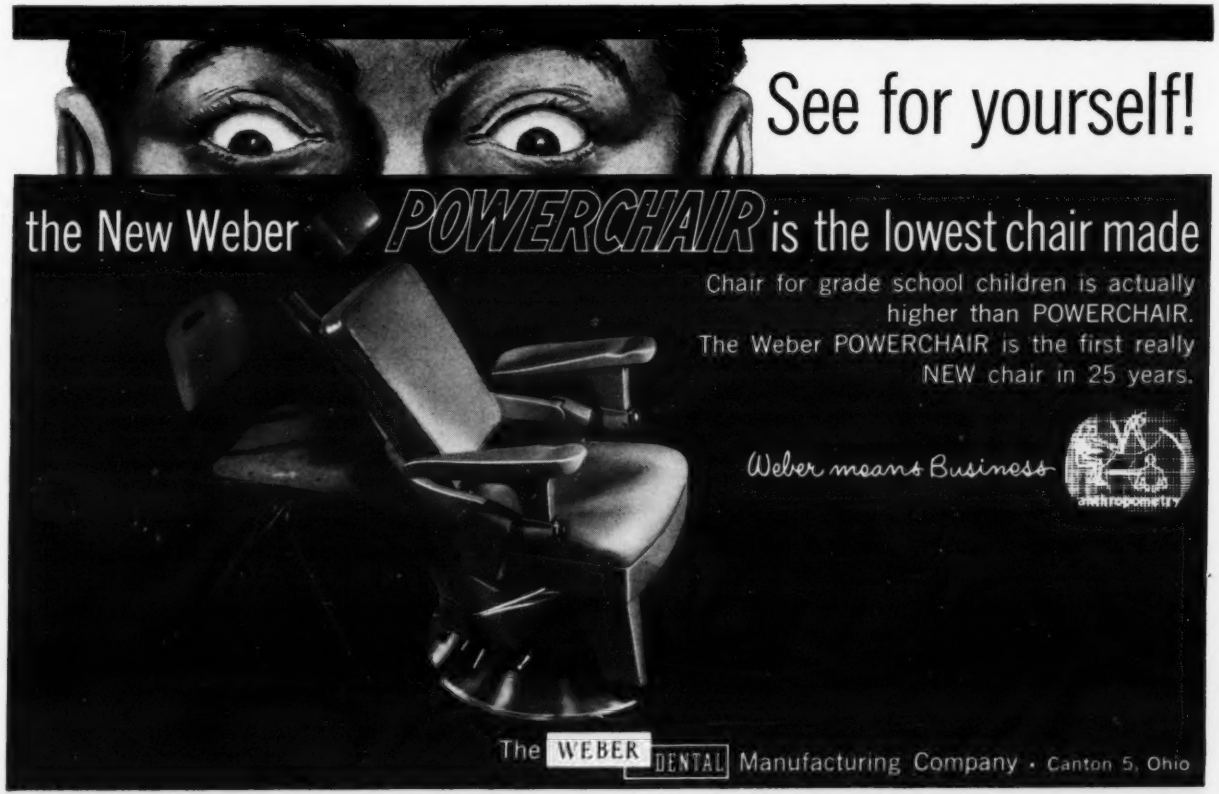
Complete information, samples, reprints, dispensing labels, prices, and prescription instructions, furnished free upon request.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the New Weber POWERCHAIR is the lowest chair made
Chair for grade school children is actually higher than POWERCHAIR.
The Weber POWERCHAIR is the first really NEW chair in 25 years.
Weber means Business
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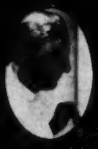
CREST is the first and only dentifrice recognized by the American Dental Association as effective against caries.



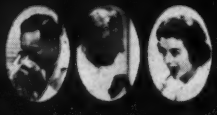
It can be a valuable supplement to your program of regular, preventive care.

Won't you suggest CREST to every patient who can benefit from this added protection?

THE COUNCIL ON DENTAL THERAPEUTICS' RESOLUTION

"Crest has been shown to be an effective anticaries dentifrice that can be of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. Crest dentifrice may also be of value as a supplement to public dental health procedures."

J.A.D.A. 61:272 (1960)



Fluoristan is Procter & Gamble's registered trademark for an exclusive combination of stannous fluoride and a fluoride-compatible polishing agent.

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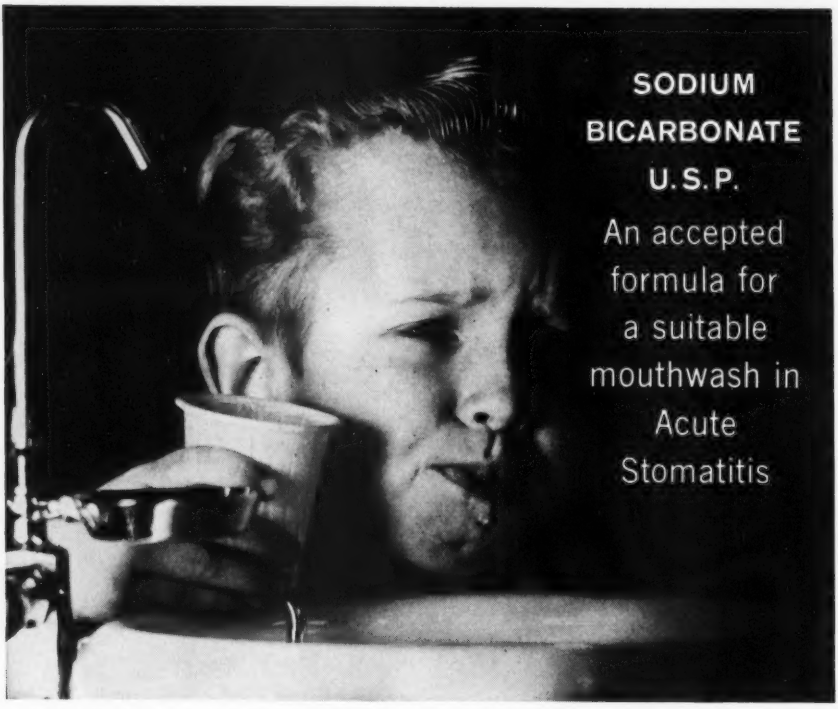
Stomatitis



After painful instrumentation or in acute inflammatory conditions such as stomatitis, Sodium Bicarbonate U.S.P. in a two per cent solution makes a well-tolerated mouthwash.[1]

1. Accepted Dental Remedies, pp. 135 & 143, 25th Edition, 1960.

Accepted
COUNCIL ON DENTAL THERAPEUTICS
AMERICAN DENTAL ASSOCIATION

Arm & Hammer Baking Soda is accepted by the American Dental Association as Sodium Bicarbonate U.S.P. It may be prescribed with confidence wherever Bicarbonate of Soda is indicated.

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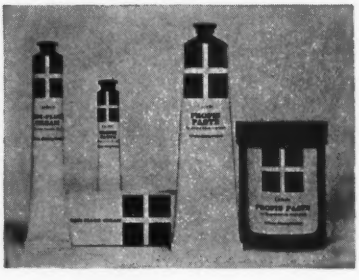

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